

## **Summary of the Medicaid School-Based Health Services Program**

The Medicaid School Based Health Services Program is used by the State to generate Medicaid reimbursement for medically related services provided to eligible students. Each school district can only submit claims for the students for which the district serves as the local education agency under the federal special education law (IDEIA) and is fiscally responsible. This includes students that are tuitioned by the school district to another school district whether in or out of the state of Vermont.

### **STUDENT ELIGIBILITY**

- Student must be receiving special education services as outlined in an IEP or IFSP.
- Student must be enrolled in Medicaid.
- Student must be receiving Medicaid billable services.

### **RELEASE OF INFORMATION**

- In order to bill Medicaid, the student's legal guardian must sign a Release of Information Form authorizing the school district to release information.
- If the legal guardian refuses to sign the Release of Information Form, or signs and checks the line to refuse consent for the release of information, the school district may not bill Medicaid.
- DCF has given a blanket Release of Information for students in DCF custody.
- 18 year olds must sign their own Release of Information upon turning 18, unless there is a court appointed legal guardian, in which case the court appointed legal guardian would sign the Release of Information.
- If the student is in joint custody of two legal guardians, the signatures and approval of both guardians is required on the Release of Information Form.

### **PHYSICIAN AUTHORIZATION FORM**

- In order to bill, Medicaid requires a Physician Authorization Form, which establishes that some of the IEP/IFSP services are medically necessary.
- The family physician, nurse practitioner, doctor of osteopathic medicine, a physician assistant or a consulting physician who is under contract with the school district, can sign the authorization form.
- If the school district is using a consulting physician, the legal guardian must be notified in order for the school to release the student's information to the physician.

### **CLAIMS FOR SCHOOL-BASED HEALTH SERVICES**

- **Annual IEP** – The school district is allowed to bill a set amount for the case management involved in developing or amending the student's annual individualized education plan (Blue Form). A limit of two IEP claims in a 275-day period will be reimbursed. No reimbursement is allowed for an initial IEP unless the student was on an IFSP.
- **Special Education Reevaluation** – The school district is allowed to bill a set amount for the case management involved in conducting a special education reevaluation (Pink Form). A limit of one claim in every 910-day period will be reimbursed. No reimbursement is allowed

for an initial special education evaluation unless the student was on an IFSP. No reimbursement is allowed when Form 8 is completed.

- **Billable Services:**

- Case management
  - Developmental & assistive therapy
  - Mental health counseling (if not provided by a mental health agency)
  - Rehabilitative nursing services
  - Occupational therapy
  - Physical therapy
  - Speech, language & hearing services
  - Personal care

- **Level of Care** – The Medicaid clerk records the billable hours provided to each student according to the IEP on a Level of Care (LOC) Form. For each service, the actual hours provided in the billing period are shown on the form in order to establish a specific level of care. Services are weighted differently according to their medical relevance, the instructional group size, and whether a licensed professional or other staff member provides the service. The weighting system creates a value for the total units of service provided, the total units are classified as a level of care group 1, 2, 3, or 4, services in excess of 42 units per week may be billed as outlier units. A monetary value is assigned to each level of care group and outlier unit.
- **LOC Periods** – There are nine LOC billing periods - August/September, October, November, December/January, February, March, April, May/June, and July/August (for summer services).
- **Other Billing** – If a school district is paying for a residential placement at a PNMI facility the school district may bill using the treatment portion of the PNMI rate developed for the facility. Durable medical equipment (DME) claims have a specific paper process.
- **Services to Students on Individual Family Service Plans (IFSP)** – School districts may bill for services they provide to students on IFSP's from birth to age three. School districts may bill for the IFSP services as long as they are not paid for with federal funds.

## STAFF DOCUMENTATION

- Documentation of each occurrence of service billed on the level of care form is required.
- The log documenting this service is signed by the provider and appropriate supervisor.
- The following services require documentation:
  - Related Services (physical therapy, occupational therapy, speech, language & hearing, vision, nutrition, mental health counseling, rehabilitative nursing services)
  - Developmental and Assistive Therapy
  - Personal Care
  - Case Management
- Professional staff members are also required to complete a provider certification agreement and provide proof of their current licensure or credentials.

## **SUBMISSION OF CLAIMS**

- For each billing period, the Medicaid clerk collects all required documentation and completes the LOC form.
- Medicaid clerks submit the LOC, IEP and Evaluation claims electronically to EDS.
- IFSP, PNMI and Durable Medical Equipment claims are submitted on paper to the Department of Education.
- EDS receives the claims and processes them for payment.
- For claims submitted electronically, a weekly Remittance Advice (RA) is mailed to the supervisory union showing which claims are paid, denied, adjusted, or put into suspension (for manual review).
- The deadline for submitting claims is six months (183 days) from the beginning date of service.

## **RECORDS**

A Medicaid file will be maintained for each student, which will include:

- Release of Information
- Physician Authorization
- IEP and Evaluation (blue and pink) forms
- IEP (cover and service page)
- Level of Care Form, documentation logs, and progress notes

## **GRANTS**

- Supervisory unions receive 50% of the federal Medicaid reimbursement earned for their claims.
- Reimbursement earned for claims for State-Placed Students is retained by the State.
- The reimbursement is received through monthly Medicaid grants issued by the Department of Education.
- Supervisory unions are required to distribute the funds to its member school districts based on how the funds were generated unless the supervisory union board has agreed to a different distribution or to operate a unionwide program.

*Under 16 V.S.A. §2959a (e) school districts are required to use State funds for:*

*...reasonable costs of administering the Medicaid claims process, and for prevention and intervention programs in grades pre-K through 12. The programs shall be designed to ensure all students achieve rigorous and challenging standards adopted in the Vermont framework of standards and learning opportunities or locally adopted standards. A school district shall provide an annual written justification to the commissioner of education of the use of the funds. Such annual submission shall show how the funds' use is expressly linked to those provisions of the school district's action plan that directly relate to improving student performance.*